NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90110 022 ****61.25

DOCUMENT # N01114

1. Corporation Name

KENSING	GION WALK CONDOMINIC	JWI IWU	ASSUCIATION,	INC							
Principal Place of Business Mailing Address											
7540 US HWY			7540 US HWY ONE				1 (08)(18) 4H 88)8(H88) 4(8)	I BERT BLEVE BLEV		A 81841 (38)	
#104		#104	#104								
LANTANA FL 3 US	33462	LANTA US	LANTANA FL 33462				E IMMITTURE OF STREET STREET STREET STREET	1 MINY 01041 0401	i Alam Gravi Arai	1 81411 1881	
00	,										
2. Principal P	lace of Business	2a. M	ailing Address				3. Date incorporated or Qualifed				
21		26	26				01/26/1984				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4. FEI Number Applied For Not Applied by Not Applied For				==
22			City & State				59-2513109 Not Applicable \$8.75 Additional				
City & State	8 .		28				5. Certificate of Status Desired Fee Required				
Zip	Country		Zip Country				6. Election Campaign Financing \$5.00 May Be				
24	25		29 30				Trust Fund Contribution		Added to		
	9. Name and Address of Curre	nt Register	ed Agent				10. Name and Address of New I	Registered A	\gent		
	·				81	Name					
ESTEBAN						Street Addre	ss (P.O. Box Number is Not Accept	able)			
	HWY ONE STE 104										
LANTANA	FL 33462										
						City		FL	85 Zip C		
11. Pursuant	to the provisions of Sections 617.08	02 and 817	1308, Plorida Statutes	s, the ab	ove-	named corpo	ration submits this statement for the	purpose of	changing its	egistered	
office or n	to the provisions of Sections 617 06 egistered agent, or both, in the Stat m familiar with, and acceptants oblig	of Florida.	Such change was au clion 617.0503, Flori	thorized da Statu	by th	he corporation	's board of directors. I hereby acce	ot the appoir	itment as reg	istered	
SIGNATURE	William William Control Control						5/5/199				
SIGNATURE	Signature, typed or print of name of regressived ag				Agent :	signature required	when feinstating) (ADDITIONS/CHANGES TO OF	DATE	D DIDECTOR	20 IN 12	
12.	GEECERS A	NO DIRECT	TDELETE	13.			TADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition	
TITLE	110			1	1.1 TITLE 1.2 NAME						ı
NAME	Moore, ray 21950 Sandview Terr, #20	D	4			ADDRESS					
STREET ADDRESS	BOCA RATON FL 33433	,	}			ZIP					
CITY-ST-ZIP TITLE	SD SD				2.1 TITLE				[] Change	Addition	
NAME	WOODWARD, CLIFF			2.2 NA	ME						
STREET ADDRESS	21951 SOUNDVIEW TERR, #108			2.3 STREET ADDRESS				-			-
CHY-SI-ZIP	BOCA RATON FL 33433			2. 4 Cl		-ZIP			Change	☐ Addition	Į
TITLE	PD			3.1 TIT					Change	☐ Addition	
NAME	SUINEY, PATRICK				3.2 NAME 3.3 STREET ADDRESS						ı
STREET ADDRESS	21950 SOUNDVIEW TERR #201										ı
CITY-ST-ZIP	BOCA RATON FL				3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition	ı
NAME				4. 2 NAM							ı
STREET ADDRESS	, ,					ADDRESS	•	•			1
CITY-ST-ZIP	·	•			4.4 CITY-ST-ZIP						1
TITLE				5.1 TIT	5.1 TITLE				Change	☐ Addition	1
NAME				5.2 NA						1	ı
STREET ADDRESS						ADORESS	,				
CITY-ST-ZIP			□ pricer	5.4 CIT 6.1 TIT		ZIP			Change	☐ Addition	1
TITLE	i		□ DELETE	0.1111	Œ	1			C) Arigingo	L. Addition	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, open an attachment with an address with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS